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IF REQUIRED, FO	P (C) 876/2	0	**** **** GRANTE	:D					
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35 USC 119 (a-d) conditions				STATE OR	SHEETS		тот	AL	INDEPENDENT
met Allowance Verified and Acknowledged Examiner's Signature Initials			tials	COUNTRY JAPAN	DRAWING C		CLAII 6	MS	CLAIMS 2
ADDRESS 5514 FITZPATRICK CE 30 ROCKEFELLE NEW YORK , NY 10112	R PL	HARPER & SCINTO AZA							
TITLE Method for produc	oing li	quid discharge head							
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:					All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue)			

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